

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

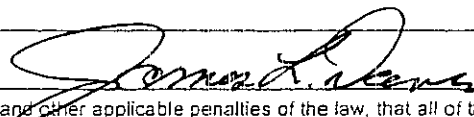
Amended LM-30

1. File Number U- 8821	2. Fiscal Year Covered From: 01 / 01 / 04 Through: 12 / 31 / 04
3. Name and address of person filing. Name JAMES L. DAVIS P.O. Box, Bldg., Room No., if any Street 9519 QUICKSILVER City SAN ANTONIO, TEXAS 78245 State ZIP Code + 4	4. Name, file number, and address of labor organization. Name SHEET METAL WORKERS (LM# 005599) Labor Organization File Number 67 P.O. Box, Building and Room Number, if any Street 130 AVE DEL REY City SAN ANTONIO State TEXAS ZIP Code + 4 78216
5. Position in labor organization. PRESIDENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

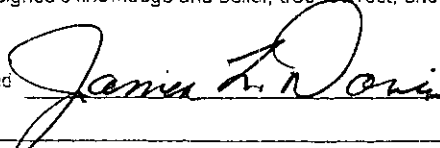
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.									
6. Name and address of Employer (including trade name, if any). Name SAN ANTONIO SHEET METAL WORKERS JATC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 130 AVE DEL REY City SAN ANTONIO, State TEXAS ZIP Code + 4 78216	7.a. Nature of Interest, Transaction, or Income. Salary for teaching evening Apprentice class, attending teacher training & per diem 7.b. Amount. <table><tr><td>Teaching</td><td>708.75</td></tr><tr><td>Lost wages teacher training</td><td>1237.60</td></tr><tr><td>per diem</td><td>120.00</td></tr><tr><td></td><td><u>2066.35</u></td></tr></table>	Teaching	708.75	Lost wages teacher training	1237.60	per diem	120.00		<u>2066.35</u>
Teaching	708.75								
Lost wages teacher training	1237.60								
per diem	120.00								
	<u>2066.35</u>								

Signature



15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8-16-05

Date

210-670-4295

Telephone Number

Name of Person Filing

JAMES L. DAVIS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name INTERNATIONAL TRAINING INSTITUTE FOR
SHEET METAL AND AIR CONDITIONING INDUSTRY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 601 N. FAIRFAX ST., SUITE 240

City ALEXANDRIA, VA. 22314

State ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust X

c. Employer X

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name INTNATIONAL TRAINING INSTITUTE FOR
SHEET METAL AND AIR CONDITIONING INDUSTRY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 601 N. FAIRFAX ST. SUITE 240

City ALEXANDRIA, VA. 22314

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

BASIC TRAINING FOR APPRENTICE SCHOOL

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

AIR FARE	492.20
per diem	320.00
LODGING	1075.83

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

1,888.03

ITI/SMOHIT/NEMI/NEMIC
LM 10 AND LM 30 INFORMATION

2004

NAME: DAVIS, JIM

FUND	TYPE	DATE	AMOUNT	DESCRIPTION
ITI	MASTER A/C	5/22/2004	492.20	BASIC B AIRFARE
ITI	CHECK	6/10/2004	320.00	BASIC B PER DIEM
ITI	MASTER A/C	6/13/2004	1,075.83	BASIC B LODGING

1888.03